FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires: May 31, 2005				
Estimated average burden				
hours per response16,00				

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
}	1

Name of Offering (oheck if this is an unendment and nune has changed, and indicate change.) (OR bond (of puration former Stock) Offering
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A, BASIC IDENTIFICATION DATA
1. Buter the information requested about the issuer 04039142
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
32404 FRONTAGE Rd. BOZEMAN MT 59715 (406) 586-4583
Addross of Principal Business Operations (Number and Street, City, State, Zip Cude) Telephone Number (Including Area-Code) (if different from Executive Offices)
Brief Description of Business
Wholesale Polyukethane Insulation
Type of Business Organization limited partnership, already formed other (please specify): business trust limited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: TO RIX Motual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
THOMSON Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. of 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Socurities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SBC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Regulted: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part B and the Appendix need not be filed with the SBC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shell accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION———————————————————————————————————

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



A PASICIDENUITICATION DATA Buter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Buch general and managing partner of purtnership issuers. Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Pull Name (Last name first, if individual) Dusiness or Residence Address (Number and Street, City, State, Zip Code) 32404 FRONTAGE Rd. BOZEMAN MI 59715 Check Box(as) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 32404 FRONTAGE Rd. BOZEMAN, MT 59715 Check Box(es) that Apply: | Promoter | Beneficial Owner | Recoultive Officer | Director General and/or Managing Partner BLAR GANSER Full Name (Last name first, if Individual) 32404 F. Contras Rd. Bizemm MT 59715 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Bxecutive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Exoputive Officer Diractor Beneficial Owner General and/or Check Box(cs) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or | Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	*			B A	NEORMAT	ION ABOL	t OPREKI	NG+ , r				Ar a
1. Has th	ia issuer sol	d or does t	he issuer i	ntend to se	ll, to non-s	ccredited i	investors iz	this offer	ing?		Yes	No.
1. 11.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											
2. What	is the minin	num investr	nent that v	dil be acce	pted from	any individ	lual?	****************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u>35</u>	00.00
3. Does	he offering	nermit ioin	t awnershi	in of a sing	de unit?						Yes	No □
4. Enter	the informa	tion reques	ted for eac	h person v	vho has bee	en or will l	be paid or	given, dire	ctly or ind	irectly, any		L.
comm If a pe or stat	ission or sin rson to be li es, list the n	nilar remune sted is an as ame of the i	ration for a sociated pa proker or d	solicitation erson or age ealer. If m	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso:	ection with er registere as to be list	sales of se d with the S led are asso	curities in t SEC and/or	he offering. with a state	ı	
	er or dealer			e informat	ion for that	broker or	dealer only	y, 				
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Jumber an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	tokar or De	aler	· · · · · · · · · · · · · · · · · · ·								
States in V	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			· ·			
(Chec	k "All State	s" or check	individus	l States)	h-1994\rang#A444A4	***********			.43174fta4+	*********	[] Al	l States
IALI	[AK]	AZ	AR	CA	[CO]	CT	DE	DC	[FL]	[GA]	Ħ	[10]
	IN	IA	KS	KŸ	LA	ME	MD	MA	M	MN	MS	MO
MT	NE SC	NV SD	NH	[N]	NM UT	NY VT	NC VA	ND WA	OH) WV	OK WI	OR WY	PA PR
1777			1.2521	[46]	(67)	17.21	ريدي					
Full Name	(Last name	first, if ind	ividual)									
Business of	r Residence	e Address (Number ar	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler	·	<u></u>							
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	'					
(Chec	k "All State	s" or check	individual	i States)	***		18 rhed (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/****,**#1 \$ 1*7**41	**************	en en en en en en en en	☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	D
Ī	IN	IA	KS	KY	LA	ME	MD	MA	M	MN	M8	MO
MT	NE SC	SD	TN	NI TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
								العديدا				
ruii Name	(Last name	insi' ii ma	ivioual)									
Business of	r Residence	Address (Number an	d Street, C	ity, State,	Zip Code)			*********	 		
Name of A	ssociated B	roker or De	aler						·			
States in W	hich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers				·		
	k "All State									*************	□ Al	States
AL	AK	[AZ]	AR	(CA)	CO	CT	DE	DC	FL	(GA)	H	100
I	IN	IA	KS	KY	LA	ME	MD	MA	MU	MN	MS	MO
MT RL	NE SC	NV SD	NH)	NI TX	MM TT	NY VT	NC VA	ND WA	OH)	OK WI	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	1800			JI , II	I CHAMAI	ON ABOU	LOFFERI	\G				100
		i, or does th		atomal to no	II to non-a	noraditad i	ni stoleaun	this offeri	ne?		Yes	No.
I. Has the	(ganer, sore	i, or does u								,	ليبا	М
Answer also in Appendix, Column 2, if filing under ULOB. What is the minimum investment that will be accepted from any individual?								\$ 100,000,00				
2. What is the minimum investment that will be accepted from any individual?								Yes	No			
	Does the offering permit joint ownership of a single unit?							A				
commis If a pers	ssion or sim son to be lis s. list the n	tion request ilar remune tled is an ass ame of the b you may s	ration for s sociated pe roker or de	solicitation erson or age caler. If mo	of purchasent of a broker ore than fly	ers in conne cer or deale e (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state	}	
Full Name (Last name	first, if ind	ividual)									
Business or	Residence	Address (P	lumber an	d Street, C	ity, State, 2	Lip Code)						
Name of As	sociated B	roker of De	aler									
States in W								 _	·	,		
(Check	"All State	s" or check	individua	States)					**********		□ Al	l States
AL TL MT	AKI IN ME SC	AZ IA NV	AR KS NH TN	CA KY NJ TX	CO LA MM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	EL MI OH WY	GA MN OK WI	MS OR WY	MO PA PR
Full Name	Last nome	first, if ind	ividual)									
Business o	r Residence	Address (Number ar	d Street, C	lity, State,	Zip Code)		 				
Name of As	sociated B	roker or De	aler		····							
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individus	States)		*****************	,	.p-,-12418 999			□ AI	l States
AL L MT RU	AK IX NE SC	AZ IA NY SD	AR KS NH TN	CA KX NJ IX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WY	GA MN OK WI	MS OR WY	MO PA PR
Full Name	Last name	first, if ind	ividual)									7
Business of	Residence	Address (Number ar	d Street, C	lity, State,	Zip Code)						·
Name of As	sociated B	roker or De	aler								,	
States in W.								. u-				·
(Check	"All State	a" or chack	individua	States)	***************************************				*************		IA [1 States
AL IL MT	IXI IXI IXI	IA IA NV	AR KS NH	CA KY NI ITX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	IGA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering sold. Enter "0" if the answer is "none" or "zero." If the transaction is this box \(\sigma\) and indicate in the columns below the amounts of the securities.	an exchange offering, ch	eck	
	alteady exchanged.	•	Aggregate	Amount Already
	Type of Security		Offering Price	Sold
	Debt	***************************************	\$	\$
	Equity		\$ 2, 400, 775	00\$
	Common	Preferred		
	Convertible Securities (including warrants)		\$	S
	Parinership Interests	•		
	Other (Specify)	:		
	Total		\$ 1 400 775	DDS
	Answer also in Appendix, Column 3, if filing under U		-,,	Topodoruson il pline pepalite un la planticioni di
۵.	Enter the number of accredited and non-accredited investors who have offering and the aggregate dollar amounts of their purchases. For offeri the number of persons who have purchased securities and the aggre purchases on the total lines. Enter "0" if answer is "none" or "zero."	ngs under Rule 504, indic	ale	Aggregate Dollar Amount of Purchases
	Accredited Investors	:		
	Non-accredited Investors			
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under	•		_ P
3.	If this filing is for an offering under Rule 504 or 505, enter the informatic sold by the issuer, to date, in offerings of the types indicated, in the twe first sale of securities in this offering. Classify securities by type lists	ive (12) months prior to	the	
		<u> </u>	Type of	Dollar Amount
	Type of Offering		Security	Sold
	Rule 505			
	Regulation A			
	Rule 504		···· <u> </u>	\$
	Total	; :={	···	\$
1	a. Furnish a statement of all expenses in connection with the issue securities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the estimate	tion expenses of the insur amount of an expenditure	er.	
	Transfor Agent's Fees] \$
	Printing and Engraving Costs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$
	Logal Fees	. 15 (16 (17) 17 (18) 17 (18) 17 (18) 17 (18) 17 (18) 17 (18) 17 (18) 17 (18) 17 (18) 17		\$ 15,000,00
	Accounting Pees	•	_	\$ 2 000,00
	Engineering Fees	,j,flagggan-Borby,iv-(-fagyn-gdukys)gq y y] \$
	Sales Commissions (specify finders' fees separately)	,] \$
	Other Expenses (identify) Acting CFO			\$25,000.00
	Total			7 542 80-0 DD

CONTRACTOR OF MANHER OF TWEST ORS SENTENSES AND USE OF PROCEEDS.

C OFFERINGERICE NUMBER OF INVESTORS TREENSES AND USE OF PROCEEDS.

and total expenses furnished in response to E proceeds to the issuer.",	Part C — Question 4.a. This d	ifference is the "adju	sted gross	\$ 3,358,775.00
5. Indicate below the amount of the adjusted each of the purposes shown. If the amou check the box to the left of the estimate. The proceeds to the issuer set forth in response	nt for any purpose is not kn le total of the payments listed	own, furnish an esti must equal the adjus	mate and	
		:	Payments to Officers, Directors, a	t Payments to
Salaries and fees		•	Affiliates	Others
Purchase of real estate				Ds 408 DOD DO
Purchase, rental or leasing and installatio	n of machinery	:		,
Construction or leasing of plant buildings				
Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of a	nother	T \$	П\$
Paraument of indohts doors		•	me	m r
Working capital	************************************			7\$ 835,000.00
Other (specify): [/]A/////tage		•	<u> </u>	こうりょうりん ファイル
Research + D	evelopment	:		_ CI\$ 100 000.00
Column Totals				US 2 358 774
Total Payments Listed (column totals add		:		2,358,775.00
	D FEDERAL S	iceNatture.		
The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issue the information furnished by the issuer to any Issuer (Print or Type)	er to furnish to the U.S. Sec	urities and Exchange	Commission, upon wr	
	Nale	Thenses .	1-29-	04
Name of Signer (Print or Type)	Title of Signer (Pr	int or Type)		
Neel E. Ganser	Preside	nt lesso		
		:		
	ATTENTI			
intentional misstatements or om	issions of fact constitute	federal criminal v	Iolations. (See 18 U.	S.C. 1001.)

44 - 34 P. 20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No.
provisions of such rule?	. 🛛	这

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
•	Neall Some	1-29-04
Name (Frint or Type)	Title (Print or Type)	
NAME GAMSER	President care	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.